

SERFF Tracking Number: HNVR-125823090 State: Arkansas
Filing Company: Allmerica Financial Benefit Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: PA-AR-08545-61F
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Connections Auto
Project Name/Number: Connections DriveSmart Advantage/PA-AR-08545-61F

Filing at a Glance

Company: Allmerica Financial Benefit Insurance Company

Product Name: Connections Auto

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto
(PPA)

Filing Type: Form

SERFF Tr Num: HNVR-125823090 State: Arkansas

SERFF Status: Closed

Co Tr Num: PA-AR-08545-61F

Co Status:

Authors: Eleanor Doherty, Kathryn
Husson, Cheryl Richards, Susan
Whitworth

Date Submitted: 10/06/2008

State Tr Num: EFT \$50

State Status: Fees verified and
received

Reviewer(s): Alexa Grissom, Betty
Montesi, Brittany Yielding

Disposition Date: 10/09/2008

Disposition Status: Approved

Effective Date Requested (New): 11/07/2008

Effective Date Requested (Renewal): 11/07/2008

Effective Date (New): 11/07/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Connections DriveSmart Advantage

Project Number: PA-AR-08545-61F

Reference Organization:

Reference Title:

Filing Status Changed: 10/09/2008

State Status Changed: 10/09/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

We are submitting a new Personal Auto Package endorsement that will provide additional coverage and cost saving benefits to Connections Auto Policyholders. The Endorsement is Connections DriveSmart Advantage 231-2711 0808.

This endorsement includes New Car Replacement Guard which provides for replacement of a totaled new vehicle without deduction for depreciation; First Accident Forgiveness which provides surcharge forgiveness for the first

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surchargeable accident in any 36 month period; and Deductible Dividends which provides for a reduction in the collision deductible for each year the policy is collision loss and surchargeable accident free.

Company and Contact

Filing Contact Information

Eleanor Doherty, Product Specialist elfdoherty@hanover.com
440 Lincoln Street (508) 855-3251 [Phone]
Worcester, MA 01653 (508) 855-4311[FAX]

Filing Company Information

Allmerica Financial Benefit Insurance Company CoCode: 41840 State of Domicile: Michigan
440 Lincoln Street Group Code: 88 Company Type: Property &
Worcester, MA 01653 Group Name: The Hanover Ins Casualty
(508) 855-1000 ext. [Phone] FEIN Number: 23-2643430
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 per form filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allmerica Financial Benefit Insurance Company	\$50.00	10/06/2008	22948741

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	10/09/2008	10/09/2008

SERFF Tracking Number: *HNVR-125823090* *State:* *Arkansas*
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Disposition

Disposition Date: 10/09/2008
Effective Date (New): 11/07/2008
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HNVN-125823090 State: Arkansas

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Connections DriveSmart Advantage	Approved	Yes

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Product Name: Connections Auto

Project Name/Number: Connections DriveSmart Advantage/PA-AR-08545-61F

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Connections DriveSmart Advantage	231-2711	08-08	Endorsement/Amendment/Conditions	New		231-2711 08 08 CNX DriveSmart Advantage CW.pdf

Connections DriveSmart Advantage

Second Chance Accident Forgiveness

We will not charge for the first surchargeable accident that occurs in any 36 month-period, provided the following conditions are met:

- 1) The accident occurred after this endorsement was added to your policy; and
- 2) There are no other accidents forgiven on the policy.

Only one accident per policy can be forgiven during any three consecutive twelve-month policy periods.

All surchargeable accidents occurring within the 36 month period following the forgiven accidents' date of occurrence will be surcharged.

New Car Replacement Guard

This coverage applies if Part D- COVERAGE FOR DAMAGE TO YOUR AUTO:

- 1) Collision coverage, or
- 2) Other Than Collision coverage applies to **your covered auto**.

If **your covered auto** is stolen, this coverage applies only if Other Than Collision coverage applies to **your covered auto**.

The provisions of this endorsement apply only to **your covered auto** that has an odometer reading of less than 500 miles on the date of purchase by you. The coverage provided for each such auto will apply:

- 1) until one year from the date of purchase of each such auto by you, or
- 2) to an odometer reading of 15,000 miles,

whichever comes first.

ELIGIBILITY

This coverage does not apply to the following types of vehicles:

- 1) Any vehicle designed for off-road use.
- 2) Motor homes, motorcycles or recreational vehicles.
- 3) Any vehicle on the unacceptable vehicle list or valued in excess of \$150,000.

DEFINITIONS

The following definition is added to this policy:

Replacement cost means the cost, at the time of loss, of a new auto of the same make, model and equipment as the one which had been declared a total loss by us without any deduction for depreciation.

Part D- COVERAGE FOR DAMAGE TO YOUR AUTO is amended as follows:

If an auto to which this endorsement applies:

- a) is declared a total loss by us; and
- b) the loss is payable under Collision or Other Than Collision; and
- c) you have purchased the coverage under which the loss is payable, then the Limit of Liability will be the following:

LIMIT OF LIABILITY

Our limit of liability for loss will be the **Replacement cost** of **your covered auto** which has been declared a total loss by us.

We reserve the right to replace **your covered auto** with a new auto of the same make, model and equipment or to pay the **Replacement cost**.

The term "actual cash value" under Part D- COVERAGE FOR DAMAGE TO YOUR AUTO, LIMIT OF LIABILITY is replaced by **Replacement cost**.

EXCLUSIONS

The following exclusions are added to the policy:

There is no coverage under this endorsement for **your covered auto**:

- 1) For any auto not owned by you.
- 2) If more than one year has passed since the date of purchase on the bill of sale for **your covered auto** or if **your covered auto** has an odometer reading of 15,000 miles or more.

All of the provisions of the policy apply, unless modified by this endorsement.

CONDITIONS

We will pay for "customized equipment" only as it is described in the policy or policy endorsements.

Deductible Dividends

We will reduce your Collision deductible amount for **your covered auto**:

- 1) By \$100 upon addition of this endorsement to your policy; and
- 2) By \$100 at renewal for each one year policy term you are free of paid Collision claims or other surchargeable losses.

The maximum amount of deductible reduction at any time on your policy is \$500 and the minimum deductible applicable to Collision at any time is \$100.

Once we have paid a Collision loss your full deductible amount, as shown on your Coverage Selections page, will:

- a) again be in effect, and
- b) a new reduction period will begin,
- c) there will be no deductible reduction carried forward.

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<i>Company Tracking Number:</i>	<i>PA-AR-08545-61F</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>Connections Auto</i>		
<i>Project Name/Number:</i>	<i>Connections DriveSmart Advantage/PA-AR-08545-61F</i>		

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Approved	10/09/2008

Comments:

Attachments:

AR PCTD-1 Form 11-7-08.pdf

AR Form FS-1 11-7-08.pdf

Property & Casualty Transmittal Document

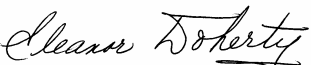
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #
Hanover Insurance Group	088

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Allmerica Financial Benefit Ins. Co.	MI	41840	23-2643430	

5. Company Tracking Number	PA-AR-08545-61F
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Eleanor Doherty 440 Lincoln Street Worcester, MA 01653	Product Specialist	508-855-3251	508-855-4311	elfdoherty@hanover.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Eleanor Doherty		

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	19.0		
10.	Sub-Type of Insurance (Sub-TOI)	19.0001		
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]			
12.	Company Program Title (Marketing title)	Connections Auto		
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)		
14.	Effective Date(s) Requested	New:	11-7-2008	Renewal: 11-7-2008

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	PA-AR-08545-61F
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: EFT Amount: \$50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		PA-AR-08545-61F		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		PA-AR-08545-61R		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Connections DriveSmart Advantage	231-2711 08/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		